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PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875

Application of Doctor Number

70630096

APPLICATION AS FILED - PART I

(Columns 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| FOR | NUMBER FILED | NUMBER EXTRA | RATE (\$) | FEE (\$) |
|---|---|--------------|-----------|----------|
| BASIC FEE (37 CFR 1.162), (A), or (c) | | | | |
| SEARCH FEE (37 CFR 1.162, (E), or (m)) | | | | |
| EXAMINATION FEE (37 CFR 1.162), (A), or (c)) | | | | |
| TOTAL CLAIMS (37 CFR 1.162)) | minus 30 = | * | X | * |
| INDEPENDENT CLAIMS (37 CFR 1.162)) | minus 3 = | * | X | * |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s). | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.152)) | | | | |
| 1. If the difference in column 1 is less than 200, enter "0" in column 2. | | | TOTAL | TOTAL |

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

2-16-06

(Column 1)

(Column 2)

(Column 3) :

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| | | | | |
|---------------|---|---|------------------------------------|---------------|
| AMENDMENT NO. | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total (37 CFR 1.162) | 6 | Minus | 23 |
| | Independent (37 CFR 1.164) | 3 | Minus | 3 |
| | Application Size Fee (37 CFR 1.16(e)) | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g)) | | | |

| | |
|-----------------|---------------------|
| RATE (\$) | ADDITIONAL FEE (\$) |
| X | |
| X | |
| TOTAL ADD'L FEE | |

| | |
|-----------------|---------------------|
| RATE (\$) | ADDITIONAL FEE (\$) |
| X | |
| X | |
| TOTAL ADD'L FEE | |

6/13/06

Column 1

(Column 2)

(Column 3)

RATE (\$)

ADD-

RATE (

ADO4-

| AMENDMENTS | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDITIONAL FEE (\$) | OR | RATE (\$) | ADDITIONAL FEE (\$) |
|---|----------------------------------|------------------------------------|---------------|-----------|---------------------|----|-----------------|---------------------|
| | Total (37 CFR 1.162) | | Mines | | | | | |
| Independent (37 CFR 1.163) | | | | X | | | X | |
| Application Size Fee (37 CFR 1.164) | | | | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.165) | | | | | | | | |
| TOTAL ADD'L FEE | | | | | | OR | TOTAL ADD'L FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the Highest Number Previously Paid For ON THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTD-9189 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/630096

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * |
| INDEPENDENT CLAIMS | minus 3= | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

11/14/06

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 6 | Minus ** 23 | = |
| Independent | * 3 | Minus *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 150.00 |
| X\$ 25= | |
| X100= | |
| +180= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 300.00 |
| X\$50= | |
| X200= | |
| +360= | |
| TOTAL | |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25= | |
| X100= | |
| +180= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$50= | |
| X200= | |
| +360= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25= | |
| X100= | |
| +180= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$50= | |
| X200= | |
| +360= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25= | |
| X100= | |
| +180= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$50= | |
| X200= | |
| +360= | |
| TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.